

REASONS TO USE RHEUMATOID DISEASE (RD)

1. Rheumatoid Disease (RD) is a term that is historically used to refer the disease commonly called Rheumatoid Arthritis (RA). It is still used in some research literature today, especially outside of rheumatology or outside of the United States.^{1,2,3,4,5,6}
2. Arthritis is a significant symptom of the disease, but it is not a single defining symptom. The diagnostic criteria have been acknowledged to be inadequate to identify early disease, especially with regard to non-articular symptoms.
3. Referring to the disease as “a type of arthritis” was adopted before research substantiated the extent its systemic nature can have upon the cardiovascular system, lung, eyes, etc.
4. Non-articular Rheumatoid symptoms were once believed to be “complications,” “co-morbidities,” and rare or present only in advanced disease. It is now known that RD is systemic and can affect one’s health before diagnosis. Researchers are examining ways the disease can affect the heart or lungs for example, even years before diagnosis.^{7,8,9,10}
5. While “Rheumatoid Disease” sounds like a general term, so also is “Rheumatoid Arthritis.” There is good reason for this: no specific blood marker or genetic identifier is known for the disease. Manifestations of the disease vary greatly and it is possible the disease will be further divided in the coming decades as research makes it possible to distinguish different types of Rheumatoid disease. This has already occurred in the past decades, as Ankylosing spondylitis, Polymyalgia rheumatica, gout and other conditions have been distinguished from RA. While further divisions may occur, it is not in the best interest of patients to wait until then to distinguish Rheumatoid Disease from “arthritis.”
6. There are numerous other diseases with arthritis as a significant symptom which are not referred to with the noun “arthritis” in the name, including Lupus, Ankylosing spondylitis, Sjogren’s syndrome, and Polymyalgia rheumatica. Joint pain can occur in other conditions as well such as thyroiditis, celiac disease, parvovirus, and influenza.
7. RD can be used an abbreviation, but the abbreviation is not the most important point. Most abbreviations have multiple uses. Patients simply prefer to drop “arthritis” from the name.
8. Several other diseases have changed names that were inaccurate, including some rheumatic diseases such as “Reiter’s syndrome,” now “Reactive arthritis;” and “Wegener’s granulomatosis” sometimes called “systemic vasculitis” and now known as “granulomatosis with polyangiitis (GPA).” Of interest are the scientific points of Dr. Hoffman on the Vasculitis Foundation website: <http://www.vasculitisfoundation.org/node/1708> and the Vasculitis/ Wegener’s transformation and the language.
9. Research funding is severely limited by RD being classified with “arthritis.” The American College of Rheumatology found “research funding for RA averages as little as \$25.90 per patient and remains significantly low compared to other chronic diseases that affect far fewer people like lupus, diabetes and multiple sclerosis, which average \$330.00 per patient.”¹¹ The Rheumatoid Patient Foundation analyzed funding by National Institutes of Health (NIH) with similar findings.
10. Referring to RD as “a type of arthritis” is detrimental for several reasons that affect patients’ lives and ability to receive adequate care, some of which are listed below.

Reasons it is detrimental to refer to Rheumatoid as a “type of arthritis”

1. **Insurance** denials and delays for treatments or therapies are common due to the confusion.
2. **Medical** personnel are often confused, narrowly focused, or dismissive due to confusion.
3. **Research** focused for decades upon joints only, as the mortality rate did not decline.
4. **Awareness** of the public of the nature of the disease is minimal.
5. **Funding** for research is minimal, compared to similarly serious conditions, even rarer ones.
6. **Accommodations** needed by patients in employment and social situations not allowed.
7. **Interpersonal** relationships and understanding are hindered by the confusion.
8. **Disability** denials are at about fifty percent, according to some estimates. Patients become disabled at a higher rate than with some other diseases or than with “arthritis,” but the confusion creates denials and delays.

MORE IMPORTANT DISCUSSION ON THIS TOPIC

- [We Refuse to Be Mislabeled: Updating Rheumatoid Arthritis \(RA\)...](#)
- [5 Reasons Rheumatoid Disease Is a Better Term than Rheumatoid Arthritis](#)
- [What If Rheumatoid Disease Were Recognized, Properly Funded & Medically Understood?](#)
- [Response to An Identity Crisis for RA by Dr. R. Franklin Adams](#)

FOOTNOTES

¹ Bhatia GS, Sosin MD, Grindulis KA, Davis RC, Lip GY. Rheumatoid disease and the heart: from epidemiology to echocardiography. Expert Opin Investig Drugs [Internet]. 2005 Jan [cited 2013 Apr 20] 14(1):65-76. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/15709923>

² Harper SL, Foster CS. The ocular manifestations of rheumatoid disease. Int Ophthalmol Clin [Internet]. 1998 Winter [cited 2012 July 19];38(1):1-19. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/9532469>

³ Lebowitz W. The Heart in Rheumatoid Arthritis (Rheumatoid Disease): A Clinical and Pathological Study of Sixty-two Cases. Ann Intern Med [Internet]. 1963 Jan 1 [cited 2013 Apr 20];58(1):102-123.
McGuigan L, Burke D, Fleming A. Tarsal tunnel syndrome and peripheral neuropathy in rheumatoid disease. Ann Rheum Dis. [Internet]. 1983 [cited 2013 Apr 20];42:128-131. Available from: <http://ard.bmj.com/content/42/2/128.full.pdf>

⁴ Ellman P, Ball RE. Rheumatoid disease with joint and pulmonary manifestations. 1948 Nov 6 [Cited 2013 Apr 21] pp 816-820. Brit Med J [Internet]. Available From: <http://www.ncbi.nlm.nih.gov/pmc/articles/pmc2091941/pdf/brmedj03702-0014.pdf>

⁵ Fleming A, Dodman S, Crown JM, Corbett M. Extra-articular features in early rheumatoid disease. Brit Med J [Internet]. 1976 May 22 [cited 2013 Apr 20] 1, 1241-1243 Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1639805/pdf/brmedj00517-0011.pdf>

⁶ Murphy TM. Surgical considerations of rheumatoid disease involving the craniocervical junction and atlantoaxial vertebrae [Internet]. In: Lemmey A, editor. Rheumatoid arthritis - etiology, consequences and co-Morbidities. Dublin (IL): InTech; 2012 Jan [cited 2012 Jul 19]. p 275-304. Available from: <http://cdn.intechweb.org/pdfs/25408.pdf>

⁷ Jancin B. Airways abnormalities may represent preclinical rheumatoid arthritis [Internet]. Rheumatology News; 2012 [cited 2012 Sep 30]. Available from: <http://www.rheumatologynews.com/single-view/airways-abnormalities-may-represent-preclinical-rheumatoid-arthritis/06cf3d5ce6.html>

⁸ Nurmohamed MT. Cardiovascular risk in rheumatoid arthritis: when does it really start? Expert Rev Cardiovasc Ther [Internet]. April 2011 [cited 2013 Jun 1];9, No. 4, 429-432. Available from: <http://www.expert-reviews.com/doi/abs/10.1586/erc.11.26>

⁹ Crowson CS. Rheumatoid arthritis and heart disease: the chicken and the egg? J Intern Med [Internet]. 2010 Dec [cited Jun 1];268, Issue 6,552–554 Available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2796.2010.02296.x/full>

¹⁰ Young K. Preclinical rheumatoid disease: there are no joints in the lungs. Rheumatoid Arthritis Warrior [Internet]. 2012 Mar 18 [cited 2013 Mar 23]. Available from: <http://rawarrior.com/preclinical-rheumatoid-disease-there-are-no-joints-in-the-lungs>

¹¹ ACR Research and Education Foundation. Rheumatoid arthritis impacts millions of Americans but remains severely underfunded. Atlanta, GA: 2007 Jul 12 [cited 2013 May 28]. Available from: <http://www.rheumatology.org/ref/press/index.asp>